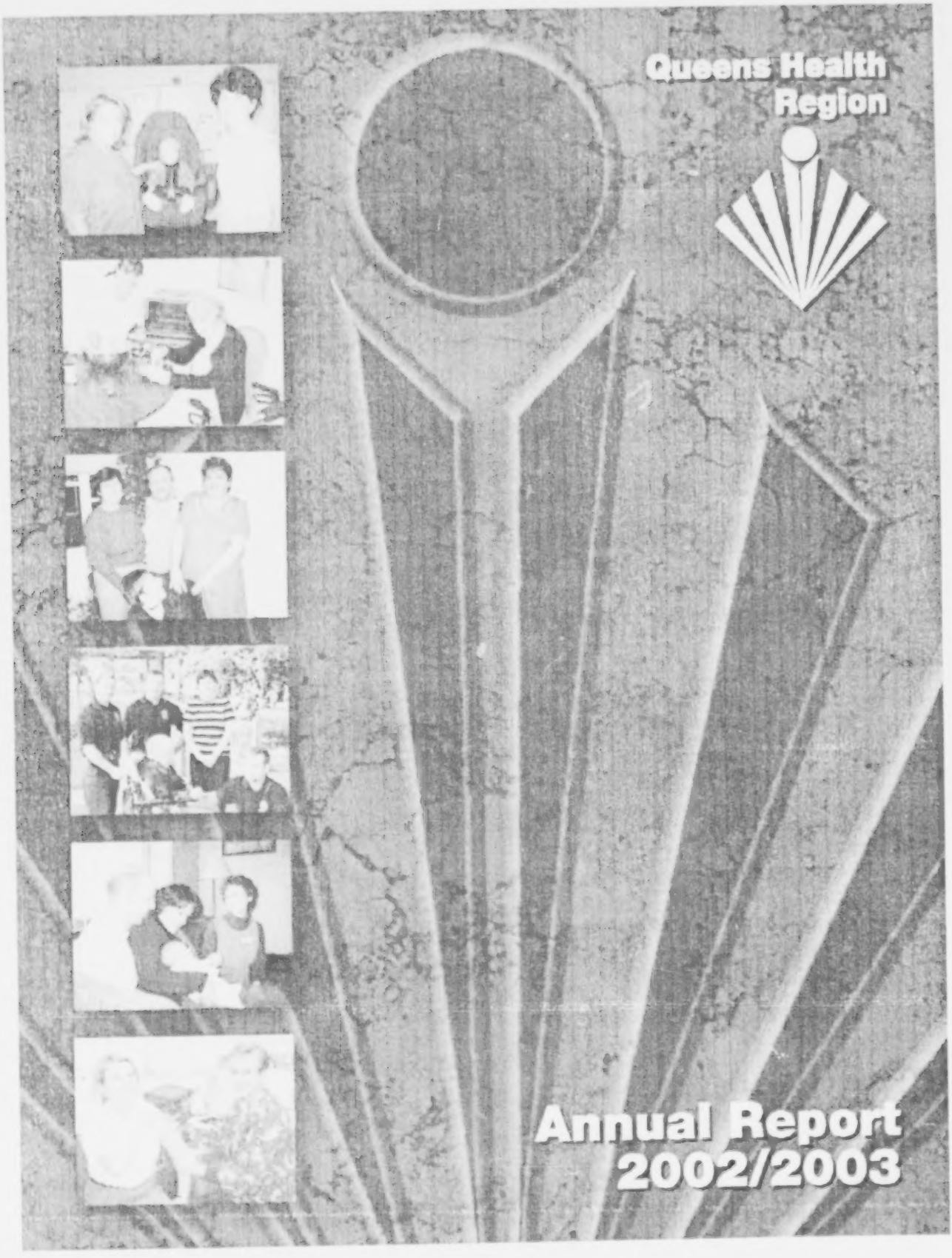
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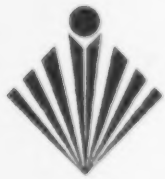

Annual Report 2002/2003

Queens Health Region is Accredited by
the Canadian Council on Health Services Accreditation

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Board Chair & Chief Executive Officer's Report

The focus of the Queens Health Region is the delivery of primary health care services. These services focus on promoting health and preventing illness as well as providing programs which treat, manage and support our clients throughout their lives. We are working with our community to help individuals take responsibility for their health and ensure that basic social needs are met. Our goal will be to work towards health for all by influencing the determinants of health like lifestyle, social support and employment.

Over the past year, Prince Edward Island's Health System restructured, grouping primary health care services in the Regions and secondary/tertiary health services under one new provincial organization named the Provincial Health Services Authority (PHSA). While restructuring saw the Queens Elizabeth Hospital, Hillsborough Hospital and the Provincial Addictions Facility move to PHSA along with the Prince County Hospital, we continue to work with our partners and former colleagues at PHSA to ensure a seamless, integrated provision of health care services within our community.

The quality of our service and the level of satisfaction experienced by those we serve is directly related to the staff who plan and deliver our services. We are fortunate in this Region, to have talented and dedicated professionals whose focus has been the provision of excellent care to our clients. We applaud their efforts and pledge to continue to support them in their pursuit of good health for all.

We thank the hundreds of volunteers who offer their time and talents right across our Region. We truly could not function without their support. These volunteers include our own board members, who are the community voices in our health system. Last year, in memory of Dr. Leon Loucks, one of the first-ever elected members of our board, we launched the Dr. Leon Loucks Volunteer Award. The annual award recognizes an individual or community group who demonstrates exceptional leadership in volunteerism. Our inaugural winner was the Prince Edward Island Hospice Association.

The coming year holds the promise of many exciting new initiatives including accreditation by the Canadian Council on Health Services Accreditation. The process of preparing for accreditation can be gruelling but it is most rewarding. Many of our front line staff and a number of our clients are involved in the process which measures our organization's compliance with the highest performance standards for primary health care organizations in the country. Accreditation is important to our organization as it demonstrates to our community that our services and our employees meet, and more often exceed national performance standards. As importantly, the process will help us to better understand who we are, what are our successes and where our opportunities lie for the future in serving the community of Queens Health Region.

Sylvia Poirier
Board Chair

Susan Howard
Chief Executive Officer

Board Members

The Queens Health Region Board was established in 1996 as an appointed board with the mandate to set expectations for outcomes that help achieve a healthy community, as well as direction for how the Region operates as an organization.

Since that time, the role of this Board, and all provincial health boards has evolved to focus on four main roles which when achieved will ensure the Queens Health Region provides quality services to the community. These roles are:

1. Community Needs Assessment
2. Regional/System Planning and Allocation of Resources
3. Accountability for Regional System Performance and Results
4. Influence of the Determinants of Health Outside the Health System

It is not the role of the board to be involved in the day-to-day operations of the organization. This is the responsibility of the Chief Executive Officer and the Region's competent managers who identify timely, efficient, effective and safe strategies to achieve quality service and report back to the board on outcomes. To do its work, the Board meets at least once a month, and sometimes more often depending on the issues.

Since 1999, the Board has included both elected and appointed community members, who ensure a link exists between the health region and community. Elected members represent one of five Regional Zones, while appointed members are members at large.

Sylvia Poirier, Chair
Zone One

Doug MacDonald
Zone Two

Bill Fitzpatrick
Zone Three

Kirsten Connor
Zone Four

Kevin Rofe
Zone Five

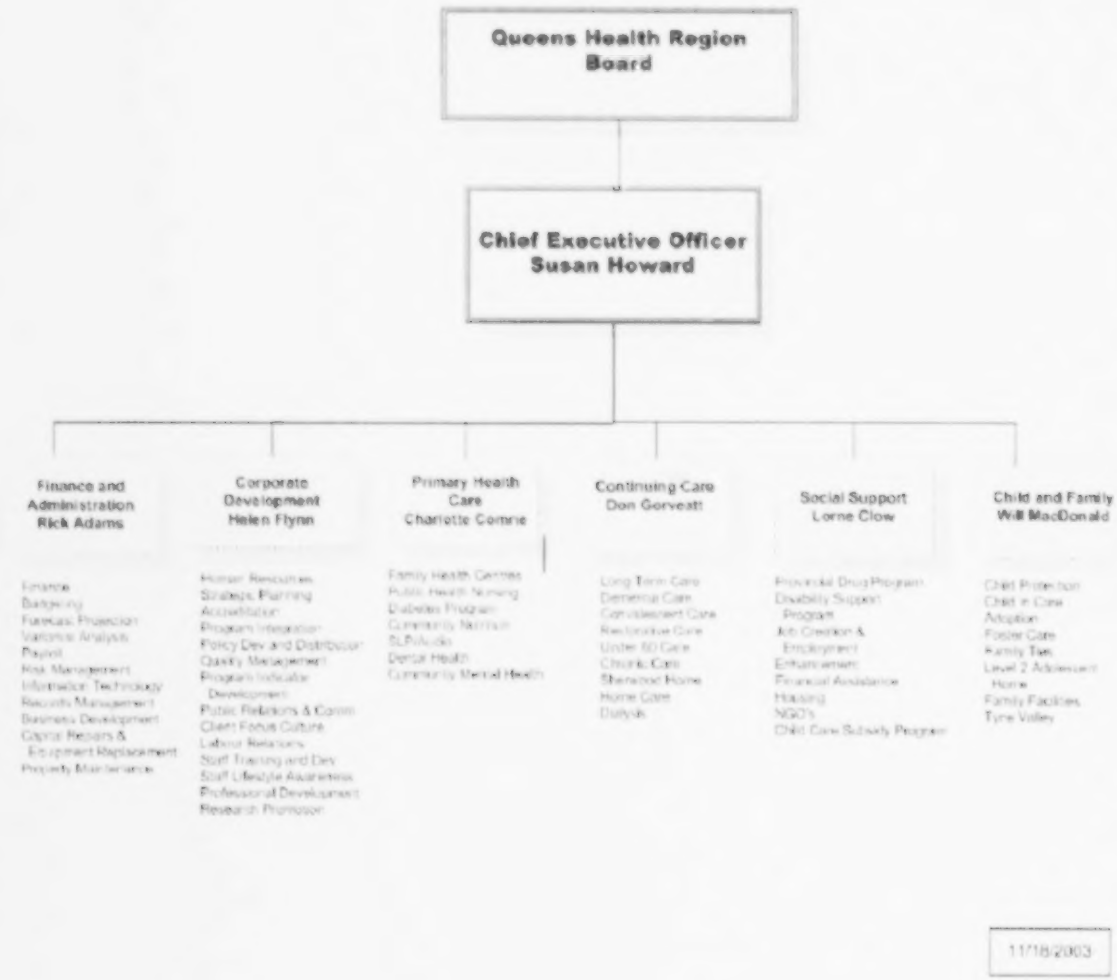
Dr. Robert Morrison
Appointed

Judy Gillis
Appointed

Dr. Bob Johnson
Appointed

Dr. David McKenna
Appointed

Organizational Chart



Mission, Vision & Values

MISSION

Provide a broad range of supports and services from prevention to treatment to rehabilitation.

The Region, with communities, will strengthen the health and well being of the people through the appropriate, effective and efficient use of available resources, while encouraging and promoting self reliance.

OUR VISION

The health of the people in Queens Health Region will continue to improve. This will be achieved by a shared responsibility between the Region and the community. We are working to achieve a more supportive environment where individuals, families and communities will have access to information to make healthy choices about their lives.

Our organizations will:

- Ensure that quality health services are available to people who need them
- Ensure that staff work in an environment of respect, dignity and recognition for their work
- Have a greater emphasis on illness prevention and health promotion
- Encourage excellence in the work of the organization
- Make informed decisions based on an ongoing review of the needs of the community

OUR VALUES

The Queens Health Region values all individuals, families and communities. Honesty, integrity and respect will guide us in our relationships with each other and the public.

- We promote quality in what we do
- We value and support the efforts, skills and dedication and ongoing development of staff, volunteers and physicians
- We believe the people we serve are the focus of our work
- We value the contributions of community individuals and groups in enhancing the health of the people in the Region
- We believe available resources must be used appropriately, effectively and efficiently
- We promote innovation, open communication and team work
- We believe the future must be built on the excellence of the past
- We believe that individuals, families and communities have a shared responsibility with Queens Health Region to maintain and enhance their health and well being. We will work with them in a climate of mutual trust.

Our Goals

- To deliver effective services and programs based on community needs
- To promote effective approaches that focus on health promotion, illness prevention and earlier intervention
- To foster a stimulating and challenging work environment where all people enjoy working
- To promote and recognize the contributions and input of the community
- To use our resources in the most efficient way

Human Resources

Description:
The mission of the Human Resources Division is to develop and implement policies, programs and benefits that will enable us to recruit, retain and sustain a highly qualified workforce and create quality of work life that will promote the overall objectives of the Queens Health Region.

Programs and services include:

- ensuring the recruitment, selection and promotion of qualified staff to meet regional service needs in accordance with collective and other agreements
- interpreting and administering collective agreements and other employment contacts
- preparing statistical data and analysis of our workforce and implementing strategies to ensure our future workforce
- developing and implementing regional HR policies and procedures
- providing expert advice and assistance on HR issues
- participating in inter-regional and provincial HR planning and Collective Bargaining processes
- participating in the delivery, management and evaluation of benefit and pension plans
- supporting, developing and implementing programs to enhance employee health
- promoting and providing on-going personal and professional development
- maintaining and providing information on our human resources

Accountability:
The Human Resource Division assists the managers of Queens Health Region in anticipating and responding to the human resource needs of a constantly changing work environment to ensure delivery of quality health care services. We serve management and staff in the development, implementation and evaluation of comprehensive human resource systems relating to hiring, retention, compensation and benefits, training, workplace health and safety, and employment relations.

Resources:

	2001/2002	2002/2003
Financial Expenditure	$1,102,500	$755,507
Human	21.1 FTEs	14.4 FTEs

Results:

Sick Leave Usage			
	2000/2001	**2001/2002**	**2002/2003**
Average sick days per FTE	9.86	10.93	11.4
Average sick days per employee	8.68	9.28	9.1

Human Resources results continued

Days lost to WCB			
	2000/2001	2001/2002	2002/2003
Average days lost per FTE	3.07	2.5	1.1
Average days per employee	1.85	1.42	.92
Immunization doses -Influenza	832	948	1,104
Immunization doses-Hepatitis B	247	255	96
# OH & S Committees	5	7	7
Employee Health Services Referrals	44	40	NA

Staffing

	2000/2001	2001/2002	2002/2003
Nursing: Includes RNs, LNAs, RCWs			
New Permanent	48	75	30*
New Casual/Temporary	121	130	36*
Retirements/Other Departures	47	46	25*
Social and Community Programs: Includes Social Workers, Social Services Workers, etc.			
New Permanent	7	22	10*
New Casual/Temporary	52	43	11*
Retirements/Other Departures	15	7	6*
Management: Includes Directors, Managers and Supervisors			
New Permanent	3	3	1*
New Casual/Temporary	0	1	1*
Retirements/Other Departures	6	1	4*
Other Health Providers: Includes Therapists, Technologists, Dieticians, etc.			
New Permanent	9	11	4*
New Casual/Temporary	29	15	2*
Retirements/Other Departures	9	11	3*
Support Staff: Includes Clerks, Secretaries, Service Workers, Trades, Computer Services, etc.			

New Permanent	26	32	16*
New Casual/Temporary	87	104	58*
Retirements/Other Departures	29	29	9*
Physicians			
New Permanent	NA	NA	3*
New Casual/Temporary	NA	NA	0*
Retirements/Other Departures	NA	NA	1*

* (2003 stats do not include QEH, Hillsborough Hospital or Provincial Addiction Facility, these are included in previous years stats.)

Finance and Support Services

Finance and Information Technology

Description:
The mission of Finance and Information Technology is to provide leadership in financial and information technology to all staff and management in the Queens Health Region to assure the efficient and effective use of resources and to enable informed decision making.

The clients of Finance and Information Technology Services are the CEO, Board, managers & directors in the region, other staff of the region and department, and regional suppliers.

Accountability:
The Division is accountable to the Queens Health Region Board through the Chief Executive Officer.

Environmental Services

Description:
The mission of Environmental Services is to provide a safe, clean environment and required laundry services within available resources.

Environmental Services provides services to the managers, staff, physicians, volunteers and programs of the Queens Health Region.

Accountability:
The Division is accountable to the Queens Health Region Board through the Chief Executive Officer.

Facilities Management

Description:
The mission of Facilities Management is to efficiently operate and maintain buildings and equipment to assure a safe and comfortable environment.

Facilities Management provides services to the managers, staff, physicians, volunteers and programs of the Queens Health Region as well as some specialized services to other regions. Facilities Management also sees its role as providing for the needs of patients, clients, and their families.

Accountability:
The Division is accountable to the Queens Health Region Board through the Chief Executive Officer.

Corporate Development

Description:
The purpose of the Corporate Development Division (formerly known as Program, Planning and Support) is to provide leadership, advice and support to Regional staff in the planning, delivery, and evaluation of quality health services.

Specific areas of responsibility for the Division are:

- ***Strategic Planning*** - Over the past year the Corporate Development Division supported Regional strategic planning by:
  - conducting a Community Needs Assessment,
  - evaluating the employee service awards
  - coordinating various memorandums of agreement (MOV) between Queens Health Region and the newly formed Provincial Health Services Authority (PHSA)
  - actively providing mangers with guidance in planning and communication activities throughout the restructuring

- ***Communications*** - Region communications support included:
  - over 30 communications plans for programs and events such as Regional Accreditation, Regional Annual Meeting, ISM, Enhanced Palliative Care, Community Health Centres, Recognition of Smoke Free Business Leaders, Life Style Awareness Program, Brecken House Senior Program 25th Anniversary, Continuing Care Volunteer Recruitment Campaign, Medicine Cabinet Clean-Up
  - revamp of the Region's internal newsletter to include news and images which more effectively support Regional goals
  - coordination of preparation, publication and distribution of annual report
  - ongoing management of media inquiries
  - ongoing management of corporate visual identity

- ***Quality Improvement*** - Support to the Region included:
  - development of a Regional Quality Improvement Framework
  - support to Divisions in the development Quality Councils and reports to the Board.
  - evaluation of MAST and Cradle Programs
  - developed or revised a number of regional and board policies

- ***Information Management*** - Support to the Region included:
  - the production of four quarterly utilization reports for the Senior Management Team
  - ongoing support of a Regional policy on confidentiality and sharing of health record information
  - preparation of interim accreditation report

Accountability:
The Division is accountable to the Queens Health Region for the quality of its leadership, advice and support.

Division Performance:

Current and planned performance indicators:

- Client satisfaction with the quality of Corporate Development services
- Perceived usefulness of Division products (plans, policy, reports, etc.) to assist in decision making and program management
- Number of requests for service
- Number of products produced by the Division

Child & Family Services

Description:
The mission of Child and Family Services is to ensure those children who are most vulnerable are cared for and protected; and to work in partnership with families and communities to provide children and youth with comprehensive quality health and community services which emphasize least intrusive interventions and protection services.

Authority to investigate and protect children and youth from neglect and abuse is provided by the provincial Child Protection Act. Programs and services provided by the Child and Family services division include:

INVESTIGATION/ASSESSMENT

Description:
Child and Family Services have a legal responsibility to investigate all reports of suspected child abuse and neglect. In addition to information and evidence gathering staff conduct family assessments to determine how the strengths of a family can be utilized to meets the needs of their children.

Results:

Service/Activity	2000/2001	2001/2002	2002/2003
Total Annual Referrals	999	1,182	1,283
Open protection cases	NA	NA	114
Average case load per worker	NA	NA	25

CHILD PROTECTION

Description:
The Child Protection Program is intended to ensure all children within the Queens Health Region are safe and received an adequate level of care. It is targeted at vulnerable children whose families have been unable to ensure their safety and care needs are met. Staff work in partnership with families, communities and other governmental and non-governmental agencies to provide children and youth with comprehensive quality health and community services which emphasize least intrusive intervention and protection services. Direction from the Courts is sought in those situations where effective partnerships with families cannot be established.

Results:

Service/Activity	2000/2001	2001/2002	2002/2003
Active Child Protection Cases - Monthly	351	347	365
Number staff days spent in court for trial	NA	NA	100
Number court appearances by staff for pre-trails only (do not include trials)	NA	NA	45

Number case conferences/planning conferences held	Na	NA	250
Number files prepared for disclosure	NA	NA	17
Number children ordered permanent wards by court	NA	NA	15

CHILDREN IN CARE

Description:
The Child in Care Program ensures that the needs of the child are met when it is necessary for children to leave their homes. Appointed staff provide guardianship functions to assure that actions taken are in the best interests of the child and that they receive proper care while wards of the Director of Child Welfare. Staff provide case coordination, case planning, referral and direct service provision (i.e. counselling) services to children in care. Services are provided either directly or in cooperation with other service providers such as educators, mental health professionals, medical service providers and police to children and their families with the intention of reuniting the family when ever possible.

Accountability:
The program is accountable to the Courts, families, the Director of Child Welfare (for and on behalf of the Minister of Health and Social Services).

Results:

Service/Activity	2000/2001	2001/2002	2002/2003
Total Children in Care During Year	175	182	140
Children in Care Active Cases (as of March 31)	150	141	64
Total "Care Days" *	39,915	50,262	44,929

* "Care Days" refers to the number of days that children were in care in Queens Health Region during the fiscal year.

FOSTER CARE

Description:
The Foster Care Program provides day to day care for children in care as a substitute or surrogate family environment. Foster care providers are contracted with individually in keeping with Provincial program standards. They are recruited, screened and assessed, trained, supported and supervised on an ongoing basis. Assigned staff work with foster care providers to ensure the needs of the child are met in keeping with their best interests. The Foster Care program also may support families who are parenting their children in their own homes by providing respite care to relieve pressure on the family and may also work with natural parents to maintain and enhance their ability to parent their children.

Accountability:
Accountability for service delivery in this program is to the Director of Child Welfare (for and on behalf of the Minister of Health and Social Services).

Results:

Service/Activity	2000/2001	2001/2002	2002/2003
Active Foster Caregivers	73	48	55

ADOPTION

Description:
The Adoption Program provides adoptive homes for children who enter the permanent custody of the Director of Child Welfare. Families wishing to adopt are recruited, screened, assessed, matched with children and prepared for placement. Children are prepared and placed and the adoptive placement supervised until the adoption is finalized by the Court.

Accountability:
Accountability for provincial standards rests with the provincial coordinator of Adoptions and ultimately with the Director of Child Welfare (for and on behalf of the Minister of Health and Social Services) under the authority of the Adoption Act.

Results:

Service/Activity	2000/2001	2001/2002	2002/2003
Adoptions Finalized	1	0	6
Department Adoptions Supervised in Queens to Finalization	N/A	7	2
Private Pre-Hearing Studies (Step-parent)	N/A	3	4

VISITING HOME MAKERS

Description:
The Visiting Homemaker Program provides direct support services to families and children in Queens Health Region in order to preserve the family as the primary care environment for children to be raised. Staff provide advocacy, education, skills development, and practical and direct support to maintain and enhance the ability of parents to care for their children. They also provide transportation and supervision of visits for children in care.

Accountability:
This program is accountable to the Director of Child and Family Service for Queens Health Region.

Resources:

	2001/2002	2002/2003
Financial Expenditure	NA	$239,000
Human	6 FTEs	6 FTEs

Results:

Service/Activity	2000/2001	2001/2002	2002/2003
Total Client Families Served During the Year	48	51	64
Average Active Cases per Month	28	31	42
Number of Cases Open Beyond 12 Months	13	16	21

THE FAMILY FACILITY

Description:
The Family Facility provides programs of support for children in need of foster care, their birth families, kinship and foster care givers. More than 1,750 supported visits for children in foster care and their families occurred at the Family Facility in 2002-2003.

Results:

Service/Activity	2000/2001	2001/2002	2002/2003
Supervised Parent/child visits	1,291	1,401	1,768
Family Preservation/ Peer Support groups/ activities	35	51	26
Foster Caregiver Support group meetings	119	119	138

Accountability:
This program is accountable to the Director of Child and Family Service for Queens Health Region.

Resources:

	1998/1999	1999/2000	2000/2001	2001/2002	2002/2003
Financial Expenditure	$196,038	$122,402	$135,621	$136,000	$149,000
Human	1FTE	1 FTE	1 FTE	3 FTEs	3 FTE

MAPLE AND EUSTON STREET GROUP HOMES

Description:
The Maple and Euston Street Group Homes with a combined total of 12 beds plus one 72 hour emergency bed, provide therapeutic and supportive residential care for adolescents at risk, and respite care for adolescents in the care of the Director of Child Welfare. These homes are designed for adolescents who are in need of support but are capable of relatively normal functioning. These homes work with child protection and child in care staff, as well as natural families, foster parents, the Provincial Adolescent Group Home, police and the other health regions in the provision of services.

Accountability:
This program is accountable to the Director of Child and Family Service for Queens Health Region.

Resources:

	1998/1999	1999/2000	2000/2001	2001/2002	2002/2003
Financial Expenditure	$631,925	$660,700	$691,503	$722,000	$762,315
Human					11 FTEs

Results: Euston Street Group Home

Service/Activity	2000/2001	2001/2002	2002/2003
Total Admission During Year	25	22	27
Total Discharges During Year	21	18	24
Total Respites	2	3	NA
Average Length of Stay (days)	68	79	64
Total Resident Days	1,700	1,729	1,727

Results: Maple Street Group Home

Service/Activity	2000/2001	2001/2002	2002/2003
Total Admission During Year	31	23	22
Total Discharges During Year	26	18	18
Total Respites	6	4	4
Average Length of Stay (days)	52	75	77
Total Resident Days	N/A	1,731	1,679

BRACKLEY GROUP HOME

Description:
The Brackley Group Home is a five bed community based facility that deals with the needs of high risk children between the ages of 8 and 12. It provides supports and services through a residential program based on a positive reinforcement model to children/families/community that do not have their needs met through traditional programs already existing in the community.

Accountability:
This program is accountable to the Director of Child and Family Service for Queens Health Region.

Resources:

	2001/2002	2002/2003
Financial Expenditure	NA	$449,163
Human	NA	9.4 FTEs

Results: Brackley Group Home

Service/Activity	2001/2002	2002/2003
Total Admission	NA	4
Total Discharges	NA	3
# Clients served	NA	9
Average Length of Stay (days)	NA	157
# Client Days	NA	1,433
percent of capacity	NA	92%

PROVINCIAL ADOLESCENT GROUP HOME

Description:
The Provincial Adolescent Group Home, with 9 residential beds, provides assessment and treatment for high-risk children aged 12 - 17 years, and their families. The home provides a high level of supervision and social work treatment services by a clinical social worker and group home team. The PAGH also provides 72-hour emergency placement for high risk or out-of-control adolescents aged 12 -17 years. Parents and family members participate in group and family counselling as part of this program. Other partners include mental health, education, youth and criminal justice, and medical services.

Accountability:
This program is accountable to the Director of Child, Community and Family Services, department of Health and social Services and the Director of Child and Family Service for Queens Health Region.

Resources:

	2001/2002	2002/2003
Financial Expenditure	$957,000	$1,078,604
Human	16 FTEs	

Results:

Service/Activity	2000/2001	2001/2002	2002/2003
Total Number of Residents for Year	N/A	30	33
Number of New Admissions	22	22	25
Percentage of Residents From Queens Health Region	59%	59%	64%
Total Resident days	2,414	2,936	2,853
Average Length of Stay (Days)	97	133	116

72-Hour Emergency Placement

Service/Activity	2000/2001	2001/2002	2002/2003
Number of Admissions	36	31	66
Average length of stay	107	168	98.4
Total hours	4,448	4,919.5	7,237
Queens utilization	75%	71%	86%

FAMILY TIES

Description:
The Family Ties Program works with existing child welfare, education and mental health services to ensure the needs of children and families in crisis are met, by offering family focused crisis intervention, outreach into the community (home, schools, hospitals), family preservation services and adolescent mental health counselling. All services are contracted voluntarily.

Accountability:
This program is accountable to the Director of Child and Family Service for Queens Health Region.

Resources:

	2000/2001	2001/2002	2002/2003
Financial Expenditure	$349,085	$375,000	$380,409
Human	4.6 FTEs	4.6 FTEs	5 FTEs

Results:

Service/Activity	2000/2001	2001/2002	2002/2003
New Admissions	177	237	180
Total active cases	277	346	302
Active cases year end	86	122	149
Youth justice worker	NA	22	26

Continuing Care

Description:
The Division of Continuing Care provides services which support the health and well-being of seniors and others in the community and in long term care. Those services are delivered through the Home Care and Support Program, Sherwood Home, Brecken House Adult Day Health Program, Prince Edward Home and Beach Grove Home.

Accountability:
Standards and guidelines for the programs within the Division are developed provincially from both legislation and program leaders to ensure provincial consistency. The programs are under the direction of the Director of Continuing Care. As part of Queens Health Region, the Division is accountable to the Board of Directors through the CEO.

Resources:

2002/2003	Home Care and Support	Sherwood Home	Beach Grove Home	Prince Edward Home	Total
Financial	$2,426,100	$936,300	$6,884,500	$8,682,700	$18,929,600
Human	38.5 FTEs	15.7 FTEs	122 FTEs	153 FTEs	329.2 FTEs

PROGRAM PERFORMANCE
Current and Planned Measures

Results:
Chart audits: the number and percent of audited health records which achieve 85% compliance with charting standards.

Client Satisfaction: client satisfaction is defined as the number of clients who score their overall satisfaction with the care and services they have received as excellent or very good. Our standard is 80% and over the past year this standard has been exceeded.

Restorative function: the number of clients that will show improvement on the functional independence scale, from admission to discharge. The standard not determined as yet.

Nosocomial Infection: the number and percent of infections in the resident population at Beach Grove Home, Prince Edward Home, and Sherwood Home. Surveillance of infections is carried according to Infection Control Guidelines for Long Term Care Facilities. Our standard is a rate of less than 4.4 episodes per 1000 resident care days.

Response to Residents' Council: response is defined as the number of issues raised by Residents' Council that have been resolved by the next meeting. Our standard is 75% and we are achieving this standard.

	1999/2000	2000/2001	2001/2002	2002/2003
Nursing Homes				
Admissions	196	177	172	198
Average Wait (days)	30	22	43	45
Palliative Care Admissions	61	61	42	65
Convalescent Care/Restorative Admissions	161	149	126	142
Respite Care Admissions	47	N/A	50	41
Home Care and Support				
Average Case Load	410	400	425	450
Average Number of Visits Per Week	1,050	N/A	420	457
Brecken House				
Participants	48	46	47	53

Primary Health Care

Description:
The mission of the Primary Health Care Division follows the principles of primary health care to assist residents in achieving and maintaining optimal health through effective, community based programs and services.

SPEECH AND AUDIOLOGY
Speech Language Pathology

Description:
Speech Language Pathology mandate are children and youth; preschoolers are the priority. The frequency of parent education sessions is increasing as staff provide support to parents to work with their own children. Session topics include language delay in young children, fluency, and helping your child speak more clearly.

Support is provided to the Preschool Special Needs Team, specifically for children with physical and cognitive challenges. Referrals of very young children continue to increase. Service to school age children is primarily assessment and consultation.

Accountability: This program is accountable to the Director of Primary Health Care. As part of the Queens Health Region, the Division is accountable to the Board of Directors through the Chief Executive Officer.

Resources:

	1998/1999	1999/2000	2000/2001	2001/2002	2002/2003
Financial Expenditure	$287,314	$293,756	$367,825	$436,003	$452,168
Human	-	-	-	8.84 FTEs	6.7 FTEs

Results:

	2000/2001	2001/2002	2002/2003
Students Served in School Program	223	239	108
Preschool Referrals	171	182	169

PROVINCIAL AUDIOLOGY PROGRAM

Description: The audiology program provides assessment, diagnosis and rehabilitation to individuals who have auditory disorders. The main diagnostic facility is located at the Sherwood Business Centre and regional clinics are held in Summerside, Souris, Montague and Alberton. Priority in the Audiology Program is given to children to afford early identification and intervention. Referrals are received from family physicians, ear, nose & throat specialists, pediatricians, public health nurses, speech-language pathologists, hearing aid dealers, parents, School for the Hearing Impaired, educators, social workers, school partners, Department of Veteran's Affairs, industry, occupational health nurses. The audiologist is a consultant to the Infant Hearing Screening Programs which are operated in Island hospital nurseries and the Public Health Nursing Hearing Screening Programs in the various regions

Accountability:
This program is accountable to the Director of Primary Health Care. As part of the Queens Health Region, the Division is accountable to the Board of Directors through the Chief Executive Officer.

Resources:

	1998/1999	1999/2000	2000/2001	2001/2002	2002/2003
Financial Expenditure	$67,455	$77,776	$73,007	$77,727	$82,580
Human	-	-	-	1.5 FTEs	1.5 FTEs

Results:

	1999/2000	2000/2001	2001/2002	2002/2003
Total Client Visits	772	849	802	712
Active Caseload	337	375	376	847
Pre-Schoolers	123	172	172	166
School-Aged	111	91	91	63
Adults	103	109	110	92
Total Referrals	290	360	491	401

MCGILL COMMUNITY MENTAL HEALTH CENTRE

Description:
The Centre offers a range of therapeutic services to individuals with serious and persistent mental illness who require a broad and intensive level of outpatient/ambulatory mental health services. Services include psychoeducational groups, outreach, one-on-one therapy office visits, medication distribution and psychiatric consultation.

Accountability:
McGill Centre is accountable to the Director of Primary Health Care. As part of the Queens Health Region, the McGill Centre is accountable to the Board of Directors through the Chief Executive Officer.

Resources:

	1998/1999	1999/2000	2000/2001	2001/2002	2002/2003
Financial Expenditure	$1,268,613	$1,258,697	$1,267,103	$1,213,912	$1,018,240

Results:

	1999/2000	2000/2001	2001/2002	2002/2003
McGill Centre				
Referrals	444	318	511	591
New Cases	210	144	274	497
Cases Closed	249	227	248	281

RICHMOND CENTRE

Description:
The mandate of Richmond Centre is to provide a broad range of community-based mental health services to individuals, families, groups, and communities. The mental health teams are established under a multi-disciplinary model with professionals from the disciplines of nursing, psychology, social work and psychiatry providing services at the Centre.

Accountability:
Richmond Centre is accountable to the Director of Primary Health Care. As part of the Queens Health Region, Richmond Centre is accountable to the Board of Directors through the Chief Executive Officer.

Resources:

	1998/1999	1999/2000	2000/2001	2001/2002	2002/2003
Financial Expenditure	$1,011,008	$1,022,879	$1,067, 951	$1,456,036	$1,298,566
Human					21.6 FTEs

Results:

	1999/2000	2000/2001	2001/2002	2002/2003
Caseload	2,026	1,885	2,144	1,094
Referrals	1,571	2,007	2,144	2,174
Average Number of New/Re-Admissions Per Month	131	105	101	116
Percentage of Clients Under 18	25%	25%	33%	NA
Travelling Clinics with Child/Adolescent Psychiatrist	54	50	48	24
Telepsychiatry Consultation	20	19	14	17
Crisis Response Referrals	NA	NA	NA	251*
Crisis Response Assessments	NA	NA	NA	228*
Crisis Response Interviews	NA	NA	Na	369*

Crisis Response referral to Mental Health Team	NA	NA	Na	75 (33%)*

* stats from calendar year, January 1, 2002 to December 31, 2002

FOUR NEIGHBOURHOODS COMMUNITY HEALTH CENTRE

Description:
Four Neighbourhoods Community Health Centre is a community-based health organization staffed by an interdisciplinary team offering primary health care programs and services to individuals, families and groups.

The primary health care team provides health care services and numerous health promotion, illness prevention and health education programs. The Primary Health Care Team is the first level of contact for individuals, the family and community. Our team includes nurses, physicians, a nutritionist, a community developer, a program facilitator and administrative support staff all helping people achieve their health goals.

Community participation is valued and we have numerous volunteers assisiting our programs. A Community Advisory Council and a Programming Committee also help to ensure community input.

Accountability: This program is accountable to the Director of Primary Health Care. As part of the Queens Health Region, the Division is accountable to the Board of Directors through the Chief Executive Officer.

Resources:

	2000/2001	**2001/2002**	**2002/2003**
Financial Expenditure	$44,792	$364,600	$405,685
Human	-	5.5 FTEs	8.9 FTEs

Results:

	2000/2001	**2001/2002**	**2002/2003**
Caregiver & Tot Drop In (average number of participants)	25	80 children 42 adults	45 children 24 adults
Trailblazer Walking Club (average number of participants)	6	10	20
Breastfeeding Support Group (average number of adult participants)	6	24	10
Roots of Empathy (average number of participants)	25	26	27
Information Sessions various topics (average number of participants)	18	100	550

Primary Health Care Team Clinic Statistics			
Total Number of Clients Registered	NA	443	1,259
Total Number of Client Visits	NA	1,883	NA

CENTRAL QUEENS FAMILY HEALTH CENTRE (HUNTER RIVER/GULF SHORE SITES)

Description:
Central Queens Family Health Centre provides appropriate health care services to the individuals and communities of the Central Queens Region based on the principles of Primary Health Care.
The Central Queens Family Health Centre consists of two sites, the main site in Hunter River and a satellite site located in North Rustico. The primary health care team is the first level of contact with individuals, the family and community. Our team includes physicians, nurses, a mental health worker, administrative staff, and public health nurses. There are two community advisory groups which provide development and planning support. Various community programs like a CHANCES parent-child play group and health and wellness information sessions are provided as part of the Centre's programming. The Centre continues to work with the community to develop other programs.

Accountability:
This program is accountable to the Director Primary Health Care. As part of the Queens Health Region, the Division is accountable to the Board of Directors through the Chief Executive Officer.

Resources:

	2002/2003
Financial Expenditure beginning July 1st, 2003	$ 320,000
Human	8.2 FTEs

Results:

Medical Services	**2002/2003**
# clients	4,360
# client visits	12,634
# out-of-province client visits	171
Nursing Services	
telephone advice - # callers per day seeking medical advice	approx. 8 - 10
Nursing visits - # clients per day who opt to see a nurse to meet their medical needs	approx. 10 - 12
# Flu vaccines provided through clinics	645
# Blood pressure clinics	9

PROGRAM PERFORMANCE
Current and Planned Measures

- Client Satisfaction
- Staff Satisfaction
- Appropriate use of resources

PUBLIC HEALTH NURSING

Description:
The objectives of Public Health Nursing programs are to provide health-related services that are equally accessible to all Islanders; services that will prevent the outbreak of and consequences of communicable and social diseases; services for the early detection and prevention of illness; and health education programs for the promotion of health and healthy lifestyles.

- Prenatal Education - Individual and Groups
- Child Health, Preschool and School Health
- Communicable Disease Control:
  - Immunization
  - Sexually Transmitted Diseases
  - Gastrointestinal Infections
- Health Promotion and Illness Prevention
- Best Start Program
- Cradle Program
- Senior High School Program

Accountability:
This program is accountable to the Director of Primary Heath Care. As part of the Queens Health Region, the Division is accountable to the Board of Directors through the Chief Executive Officer.

Resources:

	1998/1999	1999/2000	2000/2001	2001/2002	2002/2003
Financial Expenditure	$969,780	$1,086,220	$1,182,607	$1,033,900	$1,551,771
Human	-	-	-	17.9 FTEs	17.9 FTEs

Results:

	1999/2000	2000/2001	2001/2002	2002/2003
Prenatal Education (classes)	39	43	40	45
Prenatal Class Participants	501	787	600	725
Infants and Preschoolers Assessed	4,188	5,874	5,141	4,670
Immunizations given Children				11,376
Cradle Program - # of newborn	275	379	337	331

Post-Partum Visits	1,599	1,979	2,383	2,677
School Aged Visits	11,160	12,671	13,117	12,983
Cardiac Follow-up Visits	139	215	185	153
Health Promotion Presentations	N/A	79	219	214
# participants attending above presentations	NA	NA	7,583	6,667
Best Start Program				
Universal Screens		628	617	613
Assessments Completed		55	80	149
Families Referred		63	53	57
Total Number of Clients Seen			42,775	

COMMUNITY NUTRITION

Mission:
The mission of the Community Nutrition team is to provide nutrition assessment, counseling, education, advocacy and consultation to high risk, pregnant women, infants, children, and low income families in order that they achieve optimal nutrition to improve their health and reduce their risk of chronic disease.

Program Goals:
- to improve health and prevent chronic disease through good nutrition
- to ensure that clients have access to community nutrition and utilize the service
- to provide nutrition education
- to ensure a client centered focus on service delivery

Accountability: This program is accountable to the Director of Primary Health Care. As part of the Queens Health Region, the Division is accountable to the Board of Directors through the Chief Executive Officer.

Resources:

	2001/2002	2002/2003
Financial Expenditure	Included in Public Health Nursing Budget	
Human	2.4 FTEs	

Results:

	2000/2001	2001/2002	2002/2003
Prenatal Clients	153	129	125
Eating Disorder Clients	17	13	19
Other Clients	45	288	346
Prenatal Nutrition Classes/participants	17/236	15/236	18/185

DIABETES PROGRAM

Description:
The Diabetes Program provides leadership and expertise to maintain or enhance the quality of life for people affected by diabetes in Prince Edward Island. As part of our mandate, the program provides diabetes education and management advice to clients and their families who attend the program. The program also plays a leadership role in promoting diabetes awareness and prevention by educating health professionals and the public on practices and standards for diabetes care. The program offers at risk classes for those with risk factors of developing diabetes, provides individual assessment, counselling and ongoing follow up for clients, provides continuing education for health professionals and the public, through professional development days and newsletters, provides information on-line to clients through the web site and provides quarterly follow up to children and adolescents with diabetes in coordination with QEH pediatricians.

Accountability:
This program is accountable to the Director Primary Health Care. As part of the Queens Health Region, the Division is accountable to the Board of Directors through the Chief Executive Officer.

Resources:

	2001/2002	2002/2003
Financial Expenditure	$340,000	$380,200
Human	5.5 FTEs	6.5 FTEs

Results:

	2000/2001	2001/2002	2002/2003
New Referral	290	303	386
Re-referrals	160	210	249
New Pediatric clients	**12** *PEI Statistics*	**12** *PEI Statistics*	**10** *Queens only*
Gestational clients	**30** *PEI Statistics*	**11** *Queens only*	**13** *Queens only*
Getting Started (participants/classes)			247/24
Living Well with Diabetes Program Participants /classes	473 *PEI statistics*	390 *PEI statistics.*	673/55 *Queens only*

DENTAL PUBLIC HEALTH

Description:
Dental Public Health in Prince Edward Island is a provincial health service, housed in Queens Health Region. The mission statement of Dental Public Health is, "The Division of Dental Public Health will assist Islanders to achieve and maintain optimal oral health, through its focus on children, youth and the more vulnerable members of society, and through the provision of programs and services based on prevention of disease, promotion of health, and reduction of barriers to oral health care services."

Some of the programs include the Children's Dental Care Program, the Long Term Care Facilities Dental Program, the Orthodontic Clinic, the Cleft Palate Orthodontic Treatment Funding Program, the Pediatric Specialist Services Dental Program and Early Childhood Dental Initiatives Program.

Accountability:
This program is accountable to the Director of Primary Health Care. As part of the Queens Health Region, the Division is accountable to the Board of Directors through the Chief Executive Officer.

Resources:

	1998/1999	1999/2000	2000/2001	2001/2002	2002/2003
Financial Expenditure	$2,074,916	$2,125,182	$2,226,187	$2,313,368	$2,490,125
Human	24 FTEs, plus 55 private dentists				

Results:

	2000/2001	2001/2002	2002/2003
Children Served in FY (past 18 mo.)	16,205 (17,482)	15,467 (18,115)	15,218 (18,069)
Program Utilization Rate in FY (overall estimated-past 18 mo.)	66.1% (87.6%)	63.1% (90.2%)	62.1% (90.1%)
Dental Screenings at Long-Term Care Facilities	1,002	886	1,013
Percentage of Children Aged 12 and 13 Who Have Not Experienced Tooth Decay	65%	66.9%	68.2%
Children Registered with Orthodontic Clinic	513	497	455
Children 15 - 18 Months Seen Under Early Childhood Dental Initiative	778	544	492

Social Support

Description:
The mission of the Social Support Division is to assist Islanders in maintaining and improving their health by providing a broad range of programs and services.

FINANCIAL ASSISTANCE

Description:
Financial Assistance is a financial (cash benefit) program for an individual (family) who is unable to provide for his/her basic necessities or meet special emergency situations of need for physical, mental, social, economic or other reasons. This program provides for medications; medical, dental, and optical needs; special needs; funerals; cash and material benefits; housing rehabilitation; and adult respite care.

Accountability:
Delivery of the Financial Assistance Program is through the Queens Health Region while the Department role is in the area of policy and standards development. The Welfare Assistance Appeals Board (members from across the province appointed by Executive Council) is responsible for reviewing appeals from applicants and beneficiaries.

Resources:

	1999/2000	2000/2001	2001/2002	2002/2003
Financial Expenditure	$17,533,500	$16,224,000	$15,914,600	$14,415,000
Human	-	-	43 FTEs	43 FTEs

Results:

FA Caseload (families)	1999/2000	2000/2001	2001/2002	2002/2003
	2,609	2,341	2,273	2,129

EMPLOYMENT ENHANCEMENT/JOB CREATION

Description:
Employment Enhancement/Job Creation Program is mandated by the Queens Region to work with financial assistance clients. The purpose of this work is to enter individuals into employment, reduce or eliminate the need for financial assistance. Services include:

- E.I. Outreach - Active receipt of Financial Assistance and Employment Insurance (EI) or EI claim in the last year.
- Assessment Services - Post secondary, upgrading, career development, educational assessments/skill training plans, employability assessments, career planning, testing, literacy.
- Job Creation Program (JCP) - Clients who are work ready and/or require a subsidy to obtain work.
- Employment Preparation - Getting clients ready to work. Resume writing, cover letter writing, networking, employer contact skills, interview skills.
- Job Focus - Individuals who are read to go to work but who need help in their job search.

Accountability:
Delivery of both programs is through the Queens Health Region. Policies and standards development are the responsibility of the Department.

Resources:

	1999/2000	2000/2001	2001/2002	2002/2003
Financial Expenditure	$1,031,000	$874,000	$951,000	$778,000
Human	-	-	10.5 FTEs	10.5 FTEs

Results:

	1999/2000	2000/2001	2001/2002	2002/2003
Job Creation Program				
Employers	110	132	123	96
Placements	460	405	388	362
Science, Technology and Culture Summer Program Participants	15	12	14	19
Employment Training Programs				
Employment Preparation Session Participants	Approx. 60	171	50	194
EI Outreach (Employability Program for Financial Assistance and Employment Insurance Clients)				
Clients Referred	325	Approx. 260	213	170
Interventions in Areas such as Career Decision-Making and Skill Enhancement	265	451	592	378
Clients Employed	128	155	148	98

CHILD CARE SUBSIDY PROGRAM

Description:
Child Care Subsidy Program assists families with the cost of licensed child care. This program is administered through the five regional health authorities. Subsidies are available when, in the judgement of the regional office, a family's need for child care services is valid. The amount of subsidy depends on the results of a sliding scale income test which considers family size. Full and partial subsidies are available.

Accountability:
Delivery of both programs is through the Queens Health Region. Policies and standards development are the responsibility of the Department.

Resources:

	1999/2000	2000/2001	2001/2002	2002/2003
Financial Expenditure	$1,991,000	$2,039,000	$1,948,000	$2,005,000
Human	-	-	2 FTEs	2 FTEs

Results:

Child Care Subsidy Program Caseload (families)	1999/2000	2000/2001	2001/2002	2002/2003
	401	451	510	527

DISABILITY SUPPORT PROGRAM

Description:
Disability Support Program (DSP) is a social program with a financial component. It was introduced on October 1, 2001. It helps offer equal access to disability supports to Islanders with a qualifying disability on Prince Edward Island. It encourages economic independence by removing disincentives to work and earn income. It also helps adults receive supports who could not do so in the past because they were not eligible for welfare assistance.

The DSP has three components:

- **Child Disability Supports** to assist families with extraordinary child-rearing needs directly related to their child's disability.

- **Adult Disability Supports** to help people with qualifying disabilities achieve their desired level of independence.

- **Employment and Vocational Supports** such as counselling, assessment, training, skills development and pre-employment support through individually-focussed programs to help the individual gain competitive, long-term employment, or supported employment.

Accountability:
The Department is responsible for the development of program policies, standards and communications of the Disability Support Program, as well as the delivery of the Pre-School Autism Early Intervention Program. Delivery of all other components of the Disability Support Program is done through the Queens Health Region.

Resources:

	2002/2003
Financial Expenditure	$2,540,000
Human	8.5 FTEs

Results:

DSP Caseload	2002/2003
	402

PROVINCIAL DRUG PROGRAMS

Description:
These programs provide financial assistance to eligible persons for drug costs, professional pharmaceutical consultation services to clients, government and regional authority institutions and programs and, as well, an economical source of medications to the provincial health and social services system. The programs include the Diabetes Control Program, Family Health Benefit Program, Financial Assistance Program, Multiple Sclerosis Drug Program, Seniors Drug Cost Assistance Plan, Nursing Home Program and Disease Specific Programs.

Accountability:
The programs are delivered through community retail pharmacies and the Provincial Pharmacy which is operated by, and located within the Queens Health Region. Program delivery by the retail pharmacies is monitored by the Department of Health and Social Services through service delivery agreements with the PEI Pharmaceutical Association.

Resources:

HUMAN	**11.2 FTE's**		
FINANCIAL	**2000/2001**	**2001/2002**	**2002/2003**
Diabetes Control Program	$920,000	$885,000	$885,000
Family Health Benefit Program	$56,000	$138,000	$206,000
Financial Assistance Program	$3,026,000	$3,957,000	$4,224,000
Multiple Sclerosis Drug Program	$607,000	$661,000	$627,000
Private Nursing Home Drug Program	NA	NA	$485,000

HUMAN	11.2 FTE's		
FINANCIAL	**2000/2001**	**2001/2002**	**2002/2003**
Seniors Drug Cost Assistance Plan	$6,630,000	$7,199,000	$7,945,000

Program Performance:

Current and planned measures

For Diabetes Control, Family Health Benefit, Financial Assistance, Multiple Sclerosis Drug, Private Nursing Homes and Seniors Drug Cost Assistance Programs:

- Number of clients receiving benefits
- Number of paid claims
- Average number of claims per client
- Average cost per client
- Average cost per claim

Some Results:

DIABETES CONTROL PROGRAM*	2000/2001	2001/2002	2002/2003
Number of Clients Registered	5,030	5,596	6,195
Number of Clients Receiving Benefits	3,836	4,079	4,226
Number of Paid Claims	30,396	34,664	35,601
Average Number of Claims per Client	7.92	8.5	8.42
Average Cost per Client	$223.89	$216.92	$209.37
Average Cost per Claim	$28.26	$25.52	$24.85

* Program statistics are not available for the 1999/2000 fiscal year.

FAMILY HEALTH BENEFIT PROGRAM	1999/2000	2000/2001	2001/2002	2002/2003
Number of Clients Registered		925	1,477	1,620
Number of Clients Receiving Benefits	223	321	792	1,115
Number of Paid Claims	977	1,752	5,297	8,670
Average Number of Claims per Client	4.38	5.46	6.69	7.78
Average Cost per Client	$118.38	$175.80	$173.81	$184.73
Average Cost per Claim	$27.02	$32.21	$25.98	$23.76

FINANCIAL ASSISTANCE PROGRAM	2000/2001	2001/2002	2002/2003
Number of Clients Registered	12,462	11,628	10,598
Number of Clients Receiving Benefits	6,132	6507	6,196
Number of Paid Claims	97012	131,942	134,549
Average Number of Claims per Client	15.82	20.28	21.72
Average Cost per Client	$472.39	$608.20	$673.22
Average Cost per Claim	$29.86	$29.99	$31.00

MULTIPLE SCLEROSIS DRUG PROGRAM	1999/2000	2000/2001	2001/2002	2002/2003
Number of Clients Registered	50	75	58	63
Number of Clients Receiving Benefits	39	53	58	58
Number of Paid Claims	324	450	547	507
Average Number of Claims per Client	8.31	8.49	9.43	8.74
Average Cost per Client	$11,228.00	$11,456.08	$11,390.87	$10,811.64
Average Cost per Claim	$1,389.69	$1,349.27	$1,207.94	$1,236.83

SENIORS DRUG COST ASSISTANCE PLAN	1999/2000	2000/2001	2001/2002	2002/2003
Number of Clients Registered	19,482	19,629	19671	19,782
Number of Clients Receiving Benefits	12,444	12,953	13,405	13,704
Number of Paid Claims	153,210	170,571	180,368	192,398

Average Number of Claims per Client	12.31	13.17	13.46	14.04
Average Cost per Client	$456.05	$507.72	$537.19	$580.34
Average Cost per Claim	$37.04	$38.56	$39.91	$41.34

PRIVATE NURSING HOME DRUG PROGRAM	**2001/2002**	**2002/2003**
Number of Clients Registered	278	340
Number of Clients Receiving Benefits	297	327
Number of Paid Claims	12,451	21,049
Average Number of Claims per Client	41.92	64.37
Average Cost per Client	$943.01	$1,481.04
Average Cost per Claim	$15.96	$16.37

Program commenced September 1, 2001.

HOUSING SERVICES

Description:
- To provide quality services;
- To support independent living wherever possible and feasible;
- To coordinate and/or provide accessible, affordable, and appropriate housing; and
- To assist communities in meeting their health and social support needs.

Programs:
- Senior Citizens Housing
- Garden Suite Demonstration Project
- Family Housing
- Rent Supplement (Families)
- Rural Mortgage Lending Support
- Second Mortgage Loan Program
- Rural Community Housing Program
- Rural and Native Housing Program
- Social Housing
- Helping Hands for Seniors

Accountability:
This program is accountable to the Director of the Division of Social Support. As part of the Queens Health Region, the Division is accountable to the Board of Directors through the Chief Executive Officer.

Resources:

	1998/1999	1999/2000	2000/2001	2001/2002	2002/2003
Financial Expenditure	$1,633,917	$1,745,910	$1,876,356	$1,784,033	$1,863,686
Human	-	-	-	7.5 FTEs	7.5 FTEs

Results:

	1999/2000	2000/2001	2001/2002	2002/2003
Senior Housing Units	541	532	539	539
Applications for Seniors Housing *(includes both Active and Inactive files) **(includes only Active files)	582*	151**	106**	175**
Maintenance Calls by Staff	1,591	1,596	1,600	1,652
Seniors Assisted Through Helping Hands Program	27	31	31	36
Family Housing Units	176	190	190	190
Applications for Family Housing	390	550	142	595

NON GOVERNMENT ORGANIZATIONS (NGO's)

Description:
Grants are provided to NGO's to provide services to clients who are intellectually or physically challenged. Services provided range from residential to day programming to vocational. In Queens Health Region there are four NGOs receiving assistance:

- Queens County Residential Services
- Tremploy
- Pat and the Elephant
- Canadian Paraplegic Association

Queens Health Region

Financial Statements
March 31, 2003

June 24, 2003

Auditors' Report

To the Members of
Queens Health Region

We have audited the statement of financial position of **Queens Health Region** as at March 31, 2003 and the statements of revenue and expenditures and unappropriated equity, revenue and expenditures and appropriated equity, cash flows and tangible capital assets for the year then ended. These financial statements are the responsibility of the organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of Queens Health Region as at March 31, 2003 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Arsenault Best Cameron Ellis

Chartered Accountants

Queens Health Region

Statement of Financial Position

As at March 31, 2003

	2003 $	2002 $
Assets		
Current assets		
Cash	3,793,102	-
Accounts receivable (note 2)	5,384,845	5,389,782
Due from Province of Prince Edward Island Department of Health and Social Services	14,681,410	12,923,797
Prepaid expenses	1,404,267	2,008,984
	25,263,624	20,322,563
Assets held in trust	63,216	77,488
Appropriated assets	165,341	177,422
	25,492,181	20,577,473
Liabilities		
Current liabilities		
Bank advances	-	1,925,895
Accounts payable and accrued liabilities	10,625,736	8,703,285
Accrued vacation pay and retiring allowances	10,798,720	9,101,062
Deferred revenue (note 3)	3,839,168	592,321
	25,263,624	20,322,563
Assets held in trust	63,216	77,488
	25,326,840	20,400,051
Surplus		
Appropriated equity		
Restricted Fund	165,341	177,422
Unappropriated equity	-	-
	165,341	177,422
	25,492,181	20,577,473

Approved by the Board of Directors

_____ Director

_____ Director

Queens Health Region

Statement of Revenue and Expenditures and Unappropriated Equity

For the year ended March 31, 2003

	Regional Programs $	Assigned Programs $	2003 Total $	2002 Total $
Revenue				
Contributions – P.E.I. Department of Health & Social Services	148,871,537	19,658,940	168,530,477	158,477,903
Patient/client fees	2,731,912	-	2,731,912	2,952,595
Other income (note 2)	2,937,463	-	2,937,463	2,876,766
	154,540,912	19,658,940	174,199,852	164,307,264
Expenditures				
Acute care/mental health division				
Queen Elizabeth Hospital (note 2)	75,867,721	-	75,867,721	69,181,394
Hillsborough Hospital	7,921,303	-	7,921,303	8,184,155
Primary services division				
Addiction services	3,647,235	-	3,647,235	3,564,547
Public health nursing	1,551,795	-	1,551,795	1,373,900
Primary services programs	1,196,586	-	1,196,586	1,558,424
Community mental health	2,404,772	-	2,404,772	2,669,952
Family health centres	775,887	-	775,887	365,293
Child and family services division	7,741,987	-	7,741,987	7,555,852
Social support division				
Income support program	19,480,227	-	19,480,227	21,156,302
Disability support program	2,939,217	-	2,939,217	244,895
Job creation program	1,189,848	-	1,189,848	1,360,971
Housing	1,863,686	-	1,863,686	1,784,033
Funding to non-government organizations	2,935,400	-	2,935,400	2,833,315
Continuing care division	23,907,162	-	23,907,162	22,561,552
Administration	1,118,086	-	1,118,086	1,075,508
Assigned programs				
Dental public health	-	2,490,125	2,490,125	2,313,368
Provincial pharmacy	-	17,168,815	17,168,815	16,092,119
Environmental health	-	-	-	431,684
	154,540,912	19,658,940	174,199,852	164,307,264
Excess revenue for the year	-	-	-	-
Unappropriated equity – Beginning of year			-	-
Unappropriated equity – End of year			-	-

Queens Health Region

Statement of Revenue and Expenditures and Appropriated Equity

For the year ended March 31, 2003

	2003 $	2002 $
Restricted Fund		
Revenue		
Donations	54,639	31,962
Interest	1,827	11,262
	56,466	43,224
Expenditures		
Resident activities	68,547	54,788
Excess expenditures for the year	(12,081)	(11,564)
Restricted Fund equity – Beginning of year	177,422	188,986
Restricted Fund equity – End of year	165,341	177,422

Queens Health Region

Statement of Cash Flows

For the year ended March 31, 2003

	2003 $	2002 $
Cash provided by (used in)		
Operating activities		
Excess revenue for the year – operating fund	-	-
– restricted fund	(12,081)	(11,564)
	(12,081)	(11,564)
Net change in non-cash working capital items		
– decrease (increase) in accounts receivable	4,937	(1,968,105)
– decrease (increase) in due from Province of P.E.I. Department of Health and Social Services	(1,757,613)	(2,223,757)
– decrease (increase) in prepaid expenses	604,717	(207,587)
– increase in accounts payable and accrued liabilities	1,922,451	341,550
– increase in accrued vacation pay and retiring allowances	1,697,658	1,784,993
– increase in deferred revenue	3,246,847	165,499
	5,718,997	(2,107,407)
	5,706,916	(2,118,971)
Investing activity		
Decrease in appropriated assets	12,081	11,564
Increase (decrease) in cash	5,718,997	(2,107,407)
Cash (bank advances) – Beginning of year	(1,925,895)	181,512
Cash (bank advances) – End of year	3,793,102	(1,925,895)

Queens Health Region

Statement of Tangible Capital Assets

For the year ended March 31, 2003

				2003	2002
	Land and Improvements $	Buildings $	Equipment $	Total $	Total $
Cost of tangible capital assets					
Opening cost	554,007	44,641,977	33,428,780	78,624,764	76,561,880
Additions during the year	-	-	4,336,485	4,336,485	2,062,884
Closing cost	554,007	44,641,977	37,765,265	82,961,249	78,624,764
Accumulated amortization					
Opening accumulated amortization	26,256	21,526,621	14,538,597	36,091,474	33,889,790
Add: Amortization	2,919	1,117,722	1,300,830	2,421,471	2,201,684
Closing accumulated amortization	29,175	22,644,343	15,839,427	38,512,945	36,091,474
Net carrying amount of tangible capital assets	524,832	21,997,634	21,925,838	44,448,304	42,533,290

1 Summary of significant accounting policies

Basis of accounting

The financial statements of Queens Health Region are prepared in accordance with Canadian generally accepted accounting principles for the public sector, as recommended by the Public Sector Accounting Board of The Canadian Institute of Chartered Accountants.

Basis of presentation

During the year, the government of Prince Edward Island amended the Health and Community Services Act to form the Provincial Health Services Authority (PHSA). Effective December 8, 2002, the PHSA became responsible for the financial position and operations of the Queen Elizabeth Hospital, Hillsborough Hospital, Addiction Services and the Prince County Hospital.

The Minister of Health and Social Services has provided for the Queen Elizabeth Hospital, Hillsborough Hospital and Addiction Services to continue to report under Queens Health Region for the year ended March 31, 2003. These services will report under the PHSA effective April 1, 2003.

During the year, Queens Health Region operated five divisions: acute care/mental health, primary services, child and family services, social support and continuing care, along with assigned programs frm the Prince Edward Island Department of Health & Social Services.

Included in the acute care/mental health division are the following services:

- Queen Elizabeth Hospital
- Hillsborough Hospital

Included in the primary services division are the following services:

- Addiction services
- Public health nursing
- Primary services program
- Speech program
- Audiology program
- Community mental health
- Family health centres

Included in the social support division are the following services:

- Income support programs
- Disability support program
- Job creation program
- Housing
- Funding to non-government organizations

Included in the continuing care division are the following services:

- Beach Grove Home
- Prince Edward Home
- Contributions to private nursing homes
- Home care and support
- Sherwood Home

Included in assigned programs are the following services:

- Dental public health
- Provincial pharmacy

These financial statements do not include the assets, liabilities and activities of the Region's related organizations, Queen Elizabeth Hospital Foundation Inc. and Queen Elizabeth Hospital Auxiliary Inc.

Restricted Fund

Several institutions in Queens Health Region have funds that are subject to certain restrictions. All such funds were formed for the purpose of benefiting the residents of the institutions.

The following funds are included in the Restricted Fund on the financial statements:

- Beach Grove Home Memorial fund
- Hillsborough Hospital Memorial fund
- Prince Edward Home Memorial fund
- Prince Edward Island Palliative Care fund

Interest earned on these funds has also been designated for the purpose of benefiting the residents and is included in interest income of the Restricted Fund.

Financial support overpayments

Financial support overpayments are recorded as receivable when identified, with a full provision as a doubtful account. Recoveries of financial support overpayments are recorded as a reduction to financial support expenditures when received.

Assets held in trust

Certain institutions provide a safekeeping for residents' monies, which are primarily held in bank accounts.

Tangible capital assets

Capital assets are recorded at cost on the Statement of Tangible Capital Assets. Amortization of capital assets is recorded on the Statement of Tangible Capital Assets using the straight-line method at the annual rate of 10% for land improvements, 2.5% for buildings and 6.25% for equipment.

Capital assets purchased in the year are expensed on the Statement of Revenue and Expenditures and Unappropriated Equity.

Many of the services provided through the Queens Health Region are located in properties owned directly or indirectly by the Province of Prince Edward Island. Agreement has been reached with the Province for the Region to use these properties at no rental charge.

Management estimates

The presentation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and disclosure of contingent liabilities at the date of the financial statements and the reported amounts of revenues and expenditures during the reported period. Actual results could differ from those reported.

Fair value of financial instruments

The financial instruments of the Queens Health Region include accounts receivable, due from Province of Prince Edward Island Department of Health and Social Services, assets held in trust, appropriated assets, accounts payable and accrued liabilities, and accrued vacation pay and retiring allowances.

The Region has evaluated the fair value of its financial instruments based on the current interest rate environment, market values and the actual prices of financial instruments with similar terms. The carrying value of financial instruments is considered to approximate fair value.

2 Related party transactions

Accounts receivable includes $822,655 (2002 – $723,014) from the Queen Elizabeth Hospital Foundation Inc. for equipment purchases. Other income includes donations from the Queen Elizabeth Hospital Foundation Inc. for equipment purchases of $1,098,826 (2002 – $1,382,846). These purchases are included in hospital services expense.

3 Commitment

Queens Health Region has commitments for major equipment purchases totalling $2,525,961 at March 31, 2003 (2002 – $5,205,000). The Prince Edward Island Department of Health and Social Services is committed to funding these equipment purchases. Deferred revenue includes $3,060,000 (2002 – nil) receivable from the Department to be used for these major equipment purchases.

4 Comparative figures

Certain comparative figures have been restated to reflect the financial statement presentation adopted for the current year.

Queens Health Region

Schedule of Expenditures by Type

For the year ended March 31, 2003

Schedule

	2003		
	Salaries and Benefits $	**Operating Goods and Services $**	**Total $**
Expenditures			
Acute care/mental health division	57,958,501	25,830,523	83,789,024
Primary services division	8,398,604	1,177,671	9,576,275
Child and family services division	4,900,409	2,841,578	7,741,987
Social support division	3,289,166	25,119,212	28,408,378
Continuing care division	16,387,618	7,519,544	23,907,162
Administration	661,526	456,560	1,118,086
Assigned programs	1,716,907	17,942,033	19,658,940
Total expenditures	93,312,731	80,887,121	174,199,852

	2002		
	Salaries and Benefits $	**Operating Goods and Services $**	**Total $**
Expenditures			
Acute care/mental health division	56,178,912	21,186,637	77,365,549
Primary services division	8,224,804	1,307,312	9,532,116
Child and family services division	4,852,741	2,703,111	7,555,852
Social support division	2,956,708	24,422,808	27,379,516
Continuing care division	15,161,514	7,400,038	22,561,552
Administration	665,889	409,619	1,075,508
Assigned programs	1,911,852	16,925,319	18,837,171
Total expenditures	89,952,420	74,354,844	164,307,264

Provincial Health Services Authority

The Provincial Health Services Authority (PHSA) was announced by the Minister of Health and Social Services in April 2002 as part of a restructuring plan for the Prince Edward Island Health and Social Services system. As planning got underway to establish PHSA, the programs and services which would become part of this organization's structure remained in the health region until PHSA became formally operational on December 8, 2002.

The role of the PHSA is to provide leadership in delivering secondary acute and specialized provincial services to improve the health and well-being of Islanders. The creation of the PHSA brings the planning and delivery of these services together under one organization with a clear focus on quality, access and improved planning and utilization.

Organizational Chart

Divisions of PHSA

In the Queens Region area, there are three main facilities under the Provincial Health Services Authority structure - Queen Elizabeth Hospital, Hillsborough Hospital and the Provincial Addictions Treatment Facility. These services are detailed in this report. A fourth division of the PHSA is the Prince County Hospital which for the year 2002 to 2003 is detailed in the East Prince Health Annual Report.

Queen Elizabeth Hospital

Acute Care Services

The Queen Elizabeth Hospital is a multi-service acute care facility that provides both community services and provincial speciality services. The hospital has a range of services and programs that support both inpatient and outpatient care:

- Emergency Department and outpatients
- Surgical, medical and inpatient nursing services
- Ambulatory Care services
- Support services

Surgical, medical and nursing services as reflected in the physician complement include:

- Burn Care
- Coronary Care
- Psychiatry
- Organ Donor Retrieval Program
- Inpatient Oncology Services
- Rehabilitation services - Physio, OT, Speech, Orthotics and Prosthetics
- Vascular Services
- Major Orthopedic surgery such as Joint Replacements
- Specialized gynecological surgery
- Major ENT surgery
- Eye surgery
- Urological Surgery
- Full range of plastic surgery
- Clinical Nurse Specialist - Oncology/Palliation
- Enterostomal Therapy - colostomy care
- NICU provides care to babies 34 weeks gestation and older

Other Provincial Services:

- Incineration of biomedical waste
- Medical and electronic equipment repair
- Ambulatory Pediatric services including visiting specialist clinics
- Stress testing
- Pulmonary Function Testing
- Full scale respiratory therapy services
- Staff development extension programs to Island hospitals and long-term care facilities
- Student training for a number of disciplines (medicine, RN, LNA, Physio, OT, Pharmacy, Social Work, Speech, EMT, variety of Holland College on the job training students)
- School of Radiography
- Dietetic Internship Program
- Library and reference services
- Gas sterilization of instruments and supplies
- Laboratory Medicine

- Diagnostic Imaging
- Cancer Treatment Centre

Expanded Services Over the Past Year

Linear Accelerator

- A Linear Accelerator is a machine used to deliver radiation therapy to cancer patients.
- The linear accelerator uses multiple energy radiation beams that allow a full range of cancer sites to be treated.
- Prior to this equipment arrival, approximately 100 cases were referred annually to mainland centres for specialized surgery or linear accelerator treatments.
- The addition of linear accelerator services required a 15,000 sq. ft expansion to the Queen Elizabeth Hospital with 35 new and expanded rooms being created, including new examination rooms, and designated space for patient education and counselling.

Magnetic Resonance Imaging (MRI)

- An MRI uses magnets as opposed to the radiation used to create x-rays.
- An MRI is used to identify tumours, strokes, degenerative diseases, inflammation, infection and other abnormalities.
- It is anticipated that orthopaedics, neurology, surgery and oncology will be the largest users of MRI technology.
- Approximately 2400 MRI scans will be performed each year.

QEH Infrastructure Renewal Project

The Queen Elizabeth Hospital was opened in 1982. After 21 years of operation, the facility is beginning to show its age. While there are many areas within the Queen Elizabeth Hospital where investments could enhance service quality and results, there are four distinct but connected areas where improvement is now needed. These areas include:

- The Emergency Department;
- Ambulatory Care;
- Labour and Delivery Department Birthing Suites; and
- General Capital Repairs.

In light of these priorities, a process to develop a proposal for infrastructure renewal at the QEH was initiated in 2003. This proposal will contain a high level overview of improvements required in each area, expected results, and an estimate of cost. Improvements which shall be proposed will be required to meet the following criteria

- reduce hospital length of stay;
- reduce hospitalizations for ambulatory sensitive conditions;
- improve service quality, especially in the areas of efficiency, access to services and quality of staff work life;
- bring the service to national or other recognized standards of care; and
- improve patient's ability to manage their illness.

The development process was planned to include extensive consultations with management and staff (including medical staff) during the summer and early fall of 2003. The proposal, when complete, will be presented to government for their consideration. The planning and implementation processes are intended to be open and inclusive so that all staff will have ample opportunity to meaningfully participate in all stages of planning and implementation of related projects.

Queen Elizabeth Hospital Data By Year	1999-2000	2000-2001	2001-2002	2002-2003
Number of Inpatient Admissions	10,118	10,089	9,486	9,460
Number of Inpatient Days	84,859	80,955	78,312	75,761
Average Length of Stay (days)	8	8	8	8
Number of Births	1,008	900	881	875
Outpatient Clinic Visits	8,971	8,729	8,282	8,282
Number of Emergency Department Visits	42,879	43,998	43,320	42,056
Prescriptions Filled	218,962	226,591	233,585	*213,58
Operating Room Procedures	8292	8,291	7,610	7,801
Endoscopy Procedures	3,029	2,823	2,747	2,747
Physical Medicine Outpatient Clinic Visits	11,655	11,280	11,152	11,214
Volunteer Hours	24,299	24,503	24,392	25,486
Medical Staff (physicians)	102	105	114	118
Employees	1,364	1,373	1,424	1,310
Vascular Lab Assessments	2,151	2,265	2,164	2,357
Laboratory Medicine Tests	869,963	921,682	992,277	1,144,158
IWK Specialty Clinic Patients	795	796	845	700

* Stat not a reflection of workload, which has increased. Prescription refills have been reduced due to elimination of cart exchange system.

Resources:

	2002-2003
Financial Expenditure	$67,511,000
Human	1,310 FTEs

Hillsborough Hospital

As the provincial in-patient psychiatric facility, Hillsborough Hospital's mission is to offer specialized acute and long-term treatment and rehabilitation to the people of Prince Edward Island who have enduring mental illness, persons with mental handicaps and psychogeriatric patients. In addition, the Hospital provides day services to former patients.

The major specialized services offered include:

a) assessment/admission/acute and sub-acute treatment and management
b) behavioural management
c) rehabilitation/life skills
d) nursing assessments
e) seniors mental health services

Relationships with Community Mental Health Services:
Provincial Community Mental Health Services provide support and follow-up clinical services for individuals discharged from inpatient services.

Hillsborough Hospital	1999-2000	2000-2001	2001-2002	2002-2003
Admissions	330	211	181	290
Discharges	335	214	180	296
Hospital Days	6,045	5,969	5,265	7,639
Average Length of Stay	18.04	28	29.25	25.81
Number of Beds	80	80	75	75

Resources:

	2002-2003
Financial Expenditure	$7,918,000
Human	185 FTEs

Addiction Services

Addiction Services offers a range of programs and services, including detoxification services, rehabilitation services, family counselling, a non-residential adolescent program, long-term care for men and women, and a shelter service for the chemically dependent.

Addiction Services continues to receive referrals from other agencies such as Correctional Services, Probation Services, Child and Family and Employee Assistance Programs. Assessment, treatment, and a monitoring service are available for these referrals up to six months following treatment.

The Out-of-Province Treatment Referral Committee was active in 2002-03 and met during the year on an 'as needed' basis. Of the 8 referrals considered, 5 were approved for treatment out-of-province.

The programs presently being administered by Addiction Services in the Provincial Health Services Authority are as follows:

- Shelter Unit (service to the chemically dependent)
- Detoxification Program (inpatient and outpatient medically supervised withdrawal management)
- Rehabilitation Program (residential and non-residential individual and group counselling)
- Adult Aftercare Program (Post-treatment)
- Talbot House (long-term care for men)
- Lacey House (long-term care for women)
- Family Program (education and counselling)
- Children of Alcoholics Program (COA)
- Youth Treatment Services
- Student Assistance Program
- Gambling Addiction Program
- Women's Addiction Program
- Smoking Cessation Program (outpatient)
- Seniors' Codependency Program

Addictions/ Mental Health Review underway

The purpose of this project is to complete an internal review of programs and services of the Provincial Addictions Treatment Facility in Mount Herbert as part of their ongoing commitment to ensure that the facility is responsive to both provincial and regional needs, that they are in line with the standard best practice treatment programs and that effective service linkages or protocols with Mental Health services are in place.

Activities for the review include:

- To review all services of the Provincial Addictions Treatment Facility to determine if they are meeting regional and provincial needs;
- To examine the various treatment practices to determine the best options for the facility;
- To examine the appropriate level of integration between mental health and addictions services; and
- To develop a strategic direction for the facility over the next twelve months.

This review is expected to be completed in the fall of 2003.

	1999-2000	2000-2001	2001-2002	2002-2003
Rehabilitation Clients	127	100	Inpatient:76 Outpatient: 30	Inpatient:43 Outpatient: 20
After Care Clients	112	132	76	70
Detoxification Clients	687	Inpatient: 619 Outpatient: 168	Inpatient: 1,304 Outpatient: 130	Inpatient: 1,380 Outpatient: 141
Lacey House Admissions	26	28	18	14
Talbot House Admissions	59	77	55	39
Shelter Unit Admissions	985	900	912	912
Gambling Program	N/A	N/A	6 participants	11 participants
Gambling Addiction Program admitted to counselling	N/A	N/A	18	10

Women's Program	N/A	N/A	N/A (staffed in January 2002)	Inpatient: 15 Outpatient: 6
Tobacco Dependency	N/A	N/A	196	196
Community Liaison	N/A	N/A	32 consults with hospital	29 consults with hospital
Family Program Participants	255	894	760	971
Family Counselling Sessions	216	262	326	329
Family Detox Session Participants	608	495	822	421
Youth Program Individual Counselling Sessions	428	185	1,089	1,167
Schools Participating in Student Assistance Program	16	20	15	16

Resources:

	2002-2003
Financial Expenditure	$3,637,000
Human	91 FTEs